

PAY DOCUMENT TRANSMITTAL/RECEIPT RECORD (CIVILIAN EMPLOYEES) For use of this form, see CPR 299; the proponent agency is DCSPER.										PAGE NO.		NO. OF PAGES		DATE		
TO: FAO (Activity and Mailing Address)					FROM: CPO (Activity and Mailing Address)					TRANSMITTAL NUMBER						
										CY		DSSN		SN		
										SUBMITTING OFFICE NO. (Optional)						
PAYROLL DOCUMENTS IDENTIFIED BELOW FOR INDIVIDUALS LISTED ARE FORWARDED FOR ACTION																
LAST NAME, FIRST NAME, MI AND LAST 4 DIGITS OF SSN					TYPE OF DOCUMENT							OTHER (Identify)		FOR F&AO USE		
					SF 50	W4/W4E	SF 2817	SF 2809	SF 2810	STATE TAX FORM	SF 1150	SF 2801 & CSC 1084	SF 1190	DA 1256		REJECTS
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